

DATE \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

RE: Renewal \_\_\_\_\_

Expires On: \_\_\_\_\_

FOR: Massage Therapy Establishment Registration

To renew your registration return this document postmarked on or before the due date with the appropriate fee made payable to the Texas Department of Health. **FEES MAY BE PAID IN CERTIFIED CHECK, PERSONAL CHECK OR MONEY ORDER.**

REGISTRATION NUMBER:

RENEWAL AMOUNT DUE: \$231.00

DATE DUE BY:

If over 90 days late, a late fee of \$150.00 for a total of \$306.00 will apply.

This establishment registration is now expired. Do not conduct the activities of a massage therapy establishment.

**You have one year after your expiration date to renew. If you do not renew within this year, you may obtain a new registration by reapplying under the current rules.**

**Should any changes in ownership occur you will need to submit a new application. Contact the massage therapy program prior to any changes in address for information and forms.**

The following information **must** be provided:

**Attach a copy of the current fire marshall inspection report. If the document is not required, submit a letter from the county attorney or city official so stating. Refer to §141.50(c)(8) of the massage therapy rules.**

**List Therapists Employed:**

Name

Registration Number

Expiration Date

**If yes to either question, give date and attach a copy of the charges and disposition papers.**

(1) Has any owner/employee/therapist been convicted of a felony or misdemeanor in the last 12 months?

YES (\_\_\_\_) NO(\_\_\_\_)

(2) Has any owner/employee/therapist entered a plea of nolo contendere, entered a plea of guilty, or received deferred adjudication for a felony in the last 12 months?

YES (\_\_\_\_) NO(\_\_\_\_)

**Submit copies of charging documents (referred to as indictment or information) and judgement or other documents showing disposition of the case(s). If still on parole/probation, submit a letter from parole or probation officer indicating compliance with all parole or probationary conditions. Refer to §141.50 (c) (10) of the Massage Therapy Rules.**

Discovery of criminal conviction information not disclosed may result in denial of your license and disclosure of discovered information to other licensing boards.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_